MULTIPLE DEPENDENT CLAIM FEE CALCALATION SHEET (FOR USE) HEORM PTO 875

SERIAL NO. FILING DATE

APPLICANT(S, 1995)

(FOR USE \ A FORM PTO-875)										
						. (CLAIN			
	AS F	AS FILED		AFTER		TER INDMENT				
	IND.	DEP.	IND.		IND.	DEP.	Ì			
1 - 1	1		/				l			
3	 	1					ł			
4	 	2	ļ	4	<u></u>		ł			
5	 	(2)								
6		0		3						
7		0					ŀ			
<u>8</u> 9	 	(4)								
10	 	0		W W			ļ ·			
11	1	8		77						
12				-2						
13										
14	-									
15 16					·					
17	1									
18										
19										
20	-				·					
21 22	 									
23	1									
24										
25							•			
26 27	 									
28			 							
29										
30										
31 32	 									
33										
34										
35										
36						·				
37 38	 									
39.										
40										
41.										
42	 									
44										
45					 +					
46										
47										
48 49										
50										
TOTAL IND.	/	ı	7	1						
OTAL DEP	11)	_	15	_		~				
TOTAL	11 1		16		——————————————————————————————————————					
CLAIMS	///		()		1					

	AS F	ILED	AF 1ªAME	TER NOMENT.	AFTER 2 AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	
51						D.D.
52			• •			
53 54			·			
55					<u> </u>	
56		·				
57		-				
58						
59						
60					·	
62		·		·		
63		·				
64						
65						
66						
67 68						
69	·					
70						
71						
72						
73						
74. 75						
76						
77						
78						
79						
80						
81 82						
83						
84						
85						<u> </u>
86						
87						
88 89						
90						
91						
92						
93						
94		· .				
95 96						
97		-		 -J		
98						
99						
100						
TOTAL IND.		+	- 5	1		1
TOTAL DEP		4	•	(4)		(
TOTAL	T					
CLAIMS			ENT of CON			

PTO - 1360 (REV. 11/04)